

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS		DEFENDANTS																																																								
Mauro Serrano, III, Marqueeta Daniels and Allen R. Kelly, III, Individually and on behalf of all others similarly situated		Progressive Waste Solutions of Texas, Inc. and Waste Connections, Inc.																																																								
(b) County of Residence of First Listed Plaintiff <u>Nueces</u> <small>(EXCEPT IN U.S. PLAINTIFF CASES)</small>		County of Residence of First Listed Defendant _____ <small>(IN U.S. PLAINTIFF CASES ONLY)</small>																																																								
		<small>NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.</small>																																																								
(c) Attorneys (<i>Firm Name, Address, and Telephone Number</i>) Austin W. Anderson, Clif Alexander, Lauren Braddy, ANDERSON2X, PLLC, 819 N. Upper Broadway, Corpus Christi, TX 78401, 361-452-1279		Attorneys (<i>If Known</i>)																																																								
II. BASIS OF JURISDICTION <i>(Place an "X" in One Box Only)</i>		III. CITIZENSHIP OF PRINCIPAL PARTIES <i>(Place an "X" in One Box for Plaintiff and One Box for Defendant)</i>																																																								
<input checked="" type="checkbox"/> 1 U.S. Government Plaintiff		<input checked="" type="checkbox"/> 3 Federal Question <small>(U.S. Government Not a Party)</small>																																																								
<input type="checkbox"/> 2 U.S. Government Defendant		<input type="checkbox"/> 4 Diversity <small>(Indicate Citizenship of Parties in Item III)</small>																																																								
		Citizen of This State <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 1 Incorporated or Principal Place of Business In This State	<input type="checkbox"/> 4 <input checked="" type="checkbox"/> 4																																																							
		Citizen of Another State <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 2 Incorporated and Principal Place of Business In Another State	<input type="checkbox"/> 5 <input checked="" type="checkbox"/> 5																																																							
		Citizen or Subject of a Foreign Country <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 3 Foreign Nation	<input type="checkbox"/> 6 <input checked="" type="checkbox"/> 6																																																							
IV. NATURE OF SUIT <i>(Place an "X" in One Box Only)</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #cccccc;">CONTRACT</th> <th style="background-color: #cccccc;">TORTS</th> <th style="background-color: #cccccc;">FORFEITURE/PENALTY</th> <th style="background-color: #cccccc;">BANKRUPTCY</th> <th style="background-color: #cccccc;">OTHER STATUTES</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise </td> <td> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - 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V. ORIGIN <i>(Place an "X" in One Box Only)</i>																																																										
<input checked="" type="checkbox"/> 1 Original Proceeding		<input type="checkbox"/> 2 Removed from State Court																																																								
<input type="checkbox"/> 3 Remanded from Appellate Court		<input type="checkbox"/> 4 Reinstated or Reopened																																																								
		<input type="checkbox"/> 5 Transferred from Another District (specify)																																																								
		<input type="checkbox"/> 6 Multidistrict Litigation - Transfer																																																								
		<input type="checkbox"/> 8 Multidistrict Litigation - Direct File																																																								
VI. CAUSE OF ACTION <small>Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):</small> 29 U.S.C. §216(b) and 28 U.S.C. §1331																																																										
<small>Brief description of cause:</small> FLSA																																																										
VII. REQUESTED IN COMPLAINT:		<input checked="" type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.																																																								
VIII. RELATED CASE(S) IF ANY <small>(See instructions):</small>		DEMAND \$	CHECK YES only if demanded in complaint: JURY DEMAND: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																							
		JUDGE _____ DOCKET NUMBER _____																																																								
DATE 03/15/2017		SIGNATURE OF ATTORNEY OF RECORD /s/ Austin W. Anderson																																																								
FOR OFFICE USE ONLY																																																										
RECEIPT # _____		AMOUNT _____																																																								
		APPLYING IPP _____																																																								
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